IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MAINE

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V.	1	LED

1 2023 OCT -5 P 2: 40

William John Grandall

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Mennebec Behavioral Health United States Social Security MBH Representive Payer Carina

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for	a-Civil Case
	DEPUTY CLERK

Civil No. _____ (to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No (check one)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	William John Crandall
Street Address	177 Corporate Drive 23
City and County	Bongor - Pendocot
State and Zip Code	Maine 04401
Telephone Number	207 694 9235
E-mail Address	William leveralice 52@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Vennebac Behavioral Health
Job or Title	Mental Health Services
(if known)	
Street Address	67 Eustis Phusy
City and County	Waterville - Kennebec
State and Zip Code	Maine - 04901
Telephone Number	888 300 0136
E-mail Address	
(if known)	

Defendant No. 2

Name	Employee KBH Corina
Job or Title	Pepreventative payee
(if known)	, ,
Street Address	67 Eistis Phwy
City and County	Waterville - Mennebec

What is the basis for federal court jurisdiction? (check all that apply)					
	F ed	deral qu	estion Diversity of citizenship		
Fill o	Fill out the paragraphs in this section that apply to this case.				
A.	If the	the Basis for Jurisdiction Is a Federal Question			
		*	ific federal statutes, federal treaties, and/or provisions of the United itution that are at issue in this case.		
	Inda Eld Inda	ant to	Above Exploitation Title 22 Part 243 Hyatt 943 Sow 2d at 297		
В.	If the	Basis f	for Jurisdiction Is Diversity of Citizenship		
	1.	The P	Plaintiff(s)		
		a.	If the plaintiff is an individual		
			The plaintiff, (name) Cardall, is a citizen of the State of (name)		
		3 PC	ore than one plaintiff is named in the complaint, attach an additional providing the same information for each additional plaintiff.)		
	2.	The D	Defendant(s)		
		a.	If the defendant is an individual		
			The defendant, $(name)$		

State and Zip Code Telephone Number	Maine - 04901 888 300 0136
E-mail Address (if known)	
Defendant No. 3	
Name	United States Social Security Admin
Job or Title	Social Security Administration
(if known) Street Address	200 11 1 - 4+
City and County	Barrier D. April D.
State and Zip Code	Morgar - Menopocot
Telephone Number	270 HOK 1448
E-mail Address	a 17 (85) 1 (8)
(if known)	
Defendant No. 4	
Name	
Job or Title (if known)	
Street Address	
City and County	*
State and Zip Code	
Telephone Number	
E-mail Address	
(if known)	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

b. If the defendant is a corporation

The defendant, (name) Verretz Barry and Health, is incorporated under the laws of the State of (name)
________, and has its principal place of business in the State of (name) ________. Or is incorporated under the laws of (foreign nation)
_______, and has its principal place of business in (name) ________. Doubter the laws of (name) ________.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

Memeter Betovioral Health is Meeping me from employment and royalties checks in projected Covids sales to exceed \$300,000,000. annually

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I am being denied my disability check which would allow me to proceed to Manufacturing of my Covids inventions and my Back publications in excess of projected sales to exceed & Jacquia acourse origing monthly since according the perpetration has been origing monthly since according 1,2002, my rights have been violated by denial of civil rights associated with my own personal representive page.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

V. Closing

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: sept 39, 203

Signature of Plaintiff

Printed Name of Plaintiff

William John Grandall